

<b>POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM</b>	<b>Application Number</b>	10/661,458
	<b>Filing Date</b>	September 10, 2003
	<b>First Named Inventor</b>	Pace et al.
	<b>Title</b>	Methods and Compositions for Reducing the Risk Associated with the Administration of Opioid Analgesics in Patients with Diagnosed or Undiagnosed Respiratory Illness
	<b>Art Unit</b>	1616
	<b>Examiner Name</b>	Ernest V. Arnold
	<b>Attorney Docket Number</b>	ORX-0300 (15005.105005)

**I hereby revoke all previous powers of attorney given in the above-identified application.**

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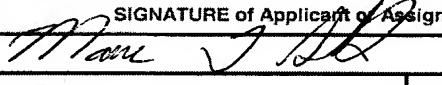
**I am the:**

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature		Date	11 <sup>th</sup> May 2009
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**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 2 forms are submitted.

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